



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/27/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER Arroyo Insurance Services 11 W Del Mar Blvd Suite 200 Pasadena CA 91105 | | CONTACT NAME: Evett Lam PHONE (A/C No, Ext): 6267927654 FAX (A/C, No): E-MAIL ADDRESS: evettl@arroyoins.com | | | | | | | | | | | | | | | |
|---|--------|---|--|-------------------------------|--------|---|---|---|-------|--|-------|-------------|--|-------------|--|-------------|--|
| INSURED City Of Los Angeles and All of its Agencies, Board and Departments 200 North Main Street City Hall East Suite 1240 Los Angeles CA 90012 | | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Nonprofits Insurance Alliance of CA</td> <td>0</td> </tr> <tr> <td>INSURER B : State Compensation Insurance Fund of CA</td> <td>35076</td> </tr> <tr> <td>INSURER C : United States Liability Insurance Co</td> <td>25895</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> | | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Nonprofits Insurance Alliance of CA | 0 | INSURER B : State Compensation Insurance Fund of CA | 35076 | INSURER C : United States Liability Insurance Co | 25895 | INSURER D : | | INSURER E : | | INSURER F : | |
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| INSURER F : | | | | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | AUTO: SUH INSO: WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--|----------------|----------------------------|----------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | <input type="checkbox"/> Y <input type="checkbox"/> N | 2017-37884-NPO | 10/01/2017 | 10/01/2018 | EACH OCCURRENCE \$1,000,000 |
| | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 | | | | |
| | | MED EXP (Any one person) \$20,000 | | | | |
| | | PERSONAL & ADV INJURY \$1,000,000 | | | | |
| A | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER | | 2017-37884-NPO | 10/01/2017 | 10/01/2018 | GENERAL AGGREGATE \$2,000,000 |
| | | PRODUCTS - COMP/OP AGG \$2,000,000 | | | | |
| | | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 | | | | |
| | | BODILY INJURY (Per person) \$ | | | | |
| A | AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> | <input type="checkbox"/> N <input type="checkbox"/> N | 2017-37884-NPO | 10/01/2017 | 10/01/2018 | BODILY INJURY (Per accident) \$ |
| | | PROPERTY DAMAGE (Per accident) \$ | | | | |
| | | \$ | | | | |
| | | \$ | | | | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> | | | | | EACH OCCURRENCE \$ |
| | | AGGREGATE \$ | | | | |
| | | \$ | | | | |
| | | \$ | | | | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> N | 9086399-17 | 05/01/2017 | 05/01/2018 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> |
| | | E.L. EACH ACCIDENT \$1,000,000 | | | | |
| | | E.L. DISEASE - EA EMPLOYEE \$1,000,000 | | | | |
| | | E.L. DISEASE - POLICY LIMIT \$1,000,000 | | | | |
| C | Directors & Officers Liability | <input type="checkbox"/> N <input type="checkbox"/> N | NDO1006093Q | 10/01/2017 | 10/01/2018 | Each Claim - \$1,000,000 Retention - \$500 |
| | Employment Practices Liability | | | | | Each Claim - \$1,000,000 Retention - \$5,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

City of Los Angeles and all of its Agencies, Boards and Departments
 200 North Main Street
 City Hall East, Suite 1240
 Los Angeles CA 90012

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
 Evett Lam

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Addendum

Named Additional Insured and Additional Information